CBM003 ADD/CHANGE FORM

☐ Undergraduate Council  ☐ Graduate/Professional Studies Council
☐ New Course  ☒ Course Change  ☐ New Course  ☐ Course Change
Core Category: ______  Effective Fall 2010  Effective Fall ______

1. Department: Health and Human Performance  College: EDUC
2. Faculty Contact Person: Dr. Jenny Yi  Telephone: 39841  Email: jyi@uh.edu
3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     HLT / 4310 / Program Planning for the Health Professions
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     HLT / 4310 / PROG PLAN HEALTH PROF
   • SCH: 3.00  Level: SR  CIP Code: 13.1307.00.04  Lect Hrs: 3  Lab Hrs: 0.0
4. Justification for adding/changing course: To reflect change in prerequisite course
5. Was the proposed/revised course previously offered as a special topics course?  ☐ Yes  ☒ No
   If Yes, please complete:
   • Instructional Area / Course Number / Long Course Title:
     ______ / ______ / ______
   • Course ID: ______  Effective Date (currently active row) yyyy-MM-dd: ______

6. Authorized Degree Program(s): B.S. Health
   • Does this course affect major/minor requirements in the College/Department?  ☒ Yes  ☐ No
   • Does this course affect major/minor requirements in other Colleges/Departments?  ☐ Yes  ☐ No
   • Can the course be repeated for credit?  ☐ Yes  ☒ No (if yes, include in course description)
7. Grade Option: Letter (A, B, C ... )  Instruction Type: lecture ONLY  (Note: Lect/Lab info. must
   match item 3, above.)
8. If this form involves a change to an existing course, please obtain the following information from
   the course inventory: Instructional Area / Course Number / Long Course Title
   HLT / 4310 / Program Planning for the Health Professions
   • Course ID: 026547  Effective Date (currently active row) yyyy-MM-dd: 1991-08-26
9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: Junior standing or consent of instructor.  Description (30 words
   max.): Development, implementation, and evaluation of health programs.
10. Dean's Signature: ___________________________  Date: 10/15/09
    Print/Type Name: Dr. Robert Wimpelberg

- Created on 5/6/2009 11:46:00 AM -